

Haverford High School

Counselor Appointment Form

Student Name: _____ **Homeroom:** _____ **Date:** _____

Counselor:	9 th grade	10 th grade	11 th grade	12 th grade
<input type="checkbox"/> Mrs. Cynthia Costanzo	2023 A-C	2022 A-C	2021 A-C	2020 A-C
<input type="checkbox"/> Mrs. Tricia Dyal	2023 D-F	2022 D-F	2021 D-F	2020 D-F
<input type="checkbox"/> Ms. Lauren Pellicane	2023 G-I	2022 G-I	2021 G-I	2020 G-I
<input type="checkbox"/> Mrs. Katie Jones	2023 J-L	2022 J-L	2021 J-L	2020 J-L
<input type="checkbox"/> Mrs. Marie Williams	2023 M-O	2022 M-O	2021 M-O	2020 M-O
<input type="checkbox"/> Mrs. Amy Alderfer	2023 P-R	2022 P-R	2021 P-R	2020 P-R
<input type="checkbox"/> Mrs. Kim Vindler	2023 S-U	2022 S-U	2021 S-U	2020 S-U

Reason for Visit:

- ☐ Credit Issue
- ☐ Delaware County Technical School
- ☐ Graduation Requirement
- ☐ Personal
- ☐ Post High School Planning
- ☐ Schedule Change

You may only change your schedule for the following three reasons:

- 1. To fill a study hall.**
- 2. To request a level change.**
- 3. If you do not meet the prerequisite to be in the course.**

- ☐ Other, please include any information that would be helpful to your Counselor.

****Please speak to one of the counseling secretaries if you need to be seen today****